*Name, Credentials*

EDUCATION:

 (Listed in Reversed chronological order)

 Degree: University, College of \*\*\*, Dates attended

WORK EXPERIENCE:

 (Listed in Reversed chronological order)

 Job Title: Place of Employment, City, State

 Dates of employment

* Brief description of work

CLINICAL TEACHING:

 (Listed in Reverse chronological order)

 Groups of students – Dates of education provided

* Brief description of work

PROFESSIONAL PRESENTATIONS:

 (Listed in Reverse chronological order)

 Title of Presentation – Name of conference/seminar (Date of presentation)

PUBLICATIONS:

 (Listed in Reverse chronological order)

 Publication listed in APA format (highlight your name)

BOOK CHAPTERS:

 (Listed in Reverse chronological order)

 Publication listed in APA format (highlight your name(

AREAS OF RESEARCH:

 (Listed in Reverse chronological order)

Title of research – provide brief description of research, anticipated deadlines/presentation of research done

CLINICAL PROJECTS

 (Listed in Reverse chronological order)

Title of project– provide brief description of research, anticipated deadlines/presentation of research done

AWARDS:

 (Listed in Reverse chronological order)

 Title of Award – Date Received

LICENSES/CERTIFICATIONS/PROFESSIONAL MEMBERSHIPS:

 (Listed in order above)

 Ex: Registered nursing license, State of \*\*\* - date of first license – Present

COMMUNITY INVOLVEMENT:

 (Listed in reverse chronological order)

 Name of group – dates of participation

* Description of personal involvement